

THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXIX.

THURSDAY, DECEMBER 17, 1863.

No. 20.

## ON THE LARYNGOSCOPE AND RHINOSCOPE.

BY EPHRAIM CUTTER, M.D.

[Read before the Middlesex East District Medical Society, Nov. 18th, 1863, and communicated for the Boston Medical and Surgical Journal.]

**INTRODUCTION.**—It is now almost a year since I had the pleasure and privilege of exhibiting to you the laryngoscope and rhinoscope in some auto-laryngoscopic and rhinoscopic demonstrations. You will recollect that I then displayed to you the larynx and its appendages, and the internal nares, with the turbinated bones, and the orifices of the Eustachian tubes. At that time nothing more was done than to exhibit the parts without any explanation. It is proposed in this paper to give an account of what I myself know in relation to the instrument, in the hope that my limited experience may benefit those who have no acquaintance with the practical workings of the instrument. It is perhaps unfortunate that such formidable names should be attached to such a simple instrument and such simple means of exploration. But as they have the great advantage of appropriate signification, and can be replaced by no better, the profession must excuse their employment. They should penetrate through the guise and distinctly understand that *this means of exploration is wholly within the reach of every practitioner, and that no physician is excusable who neglects to practise the examination of the laryngeal and nasal cavities.*

**History.**—Laryngoscopy is comparatively a very modern department of physical exploration. Rhinoscopy is of still later origin. As long ago as 1840, Liston suggested and employed laryngoscopy. Mr. Avery and Signor Garcia next followed. The latter gentleman has published some classical observations upon the effect of vocalization upon the larynx. It is, however, probable that the laryngoscope would now be comparatively unknown but for the labors and published observations and personal demonstrations of Prof. Czermak, of Prague, in Bohemia. This gentleman has made laryngoscopy a science, and has been very laborious, persevering and self-sacrificing in his endeavors to benefit his profession in this depart-

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ment. He may be said to be the father of laryngoscopy. I had the pleasure of meeting with him in Paris, in the summer of 1862, and of witnessing his demonstrations in the Hôpital Laraboisier. He introduced me to Dr. Semeleder, of Vienna, who further demonstrated the *modus operandi* upon himself and upon the patients of the Gumpendorf Hospital. The visit of Dr. Czermak to London at the time of the Great Exhibition of 1862 was very well received, and he established so triumphantly the claims he asserted for his branch, that there has since arisen there some eminent and skilful observers, who have improved upon the instructions of their teacher, so that now London may be deemed a most important centre of instruction. Prof. Czermak waives the claim to the discovery, which is accorded to the English brain. Still, he stands first and foremost as the utilizer and practical demonstrator.

In this connection, I may allude to my own experience. When I was in my medical pupilage, sitting at the feet of the eloquent Professor of Anatomy and Physiology in the Massachusetts Medical College, his glowing descriptions and ingenious and successful demonstrations filled me with a longing desire to behold the living larynx *in situ naturali*, and to study the mode of the production of musical sounds and of the voice. I knew that in the book entitled "What to observe in Medical Cases," published by the London Society for Medical Observation, there was some allusion to a throat speculum; but no inquiry of mine sufficed to get me the instrument or give me an idea of its construction. I was forced to look within and around myself for the apparatus. It was not until the latter part of 1858 that I devised an instrument and sent drawings of it to the maker. The idea was derived from an Amici's prism contained within my microscope. It was for a long time a question with me whether the larynx could be illuminated and inspected with one ray of light. I conceived the idea of using the ophthalmoscopic reflecting mirror which is so commonly employed now. I thought that the temperature of the apartment should be raised to 98° to avoid the deposition of moisture upon the prism. I thought that a tube was necessary to hold the prism. I invented the name laryngoscope. In fact, Messrs. Clark, the telescope makers at Cambridgeport, made me my instrument. It did not work to suit me, and laying aside both it and my patience, I was roused up by Czermak's publication to find that I had the principles and the leading features all correct, but needed only a little more perseverance in manipulation to accomplish the desired results. It will be no wonder to you, then, that I take some interest in bringing to your notice the subject of the present essay. I shall attempt briefly to describe the instrument, its accessories, its method of employment, what can be seen by it, its uses, and its manufacture and employment as being within the reach of every practitioner of medicine.

*The instrument.*—The instrument is very simple. It is merely a plain

mirror mounted upon a wire, and provided with a handle long enough to reach into the pharynx. The mirror may be of polished metal or of glass silvered, as in ordinary looking-glasses, or by the reduction of the oxide of silver, as in the silvered glass door-knobs of the present day. Pieces of ordinary looking-glass answer well enough. The shape varies. That which Czermak used on himself was about one inch square, with rounded corners. This size I have found most convenient. The mirrors generally sold are too small. It was so in my own instrument. It is well to have several mirrors of different sizes, from one inch square downwards.

This mirror is set in a piece of metal, and at an angle of about  $112^{\circ}$  is attached by one corner to a wire of iron, known in commerce as No. 15. In the case of the looking-glass mirror, the fragment may be cut out by a glazier's diamond, the edges ground and the corners rounded by a fine-grained grindstone, and set in a piece of thin tinned iron. This should be as much larger than the mirror as twice the thickness of the mirror. Little square bits should be nipped out of the corners, so that the edges, when turned up, will nicely fit the sides of the glass. It can then be burnished and soldered to a moderately stout annealed iron wire, from four to six inches in length. Charriere supplies a perforated handle, which slides upon the wire and is set by a screw, thus enabling one to graduate the length of the instrument to the size of the mouth. I have found a good-sized bottle cork, perforated longitudinally, to answer very well indeed. Sometimes it is necessary to change the angle of the mirror with the staff, and when the wire is annealed it is easily bent as desired.

The Rhinoscope differs from the Laryngoscope only in size. It is smaller, three quarters of an inch square. Its angles and manufacture are the same as those of the laryngoscope.

*The Accessories.*—These are indispensable for securing illumination. They are first, *the light*. This may be the direct or reflected ray of the sun, or the direct or reflected ray of an artificial origin. This country is very fortunate in the universal employment of the kerosene lamp. The light from this lamp is superior, and can be obtained in the houses of the poor and the palaces of the rich. No better light is needed for laryngoscopic investigations. Dr. Semleder advises that one kind of light be used exclusively, either that of the sun altogether, or that of the artificial altogether.

(a) *Sun Light.*—When the direct ray of the sun is used, the patient or observer is so placed that the sun shines directly into the mouth. This can be best done at sunrise or sunset. In autolaryngoscopic investigations I have stood before a curtained window and drawn down the curtain so as to shield the eyes, but not the mouth, and have obtained very satisfactory views; but ordinarily, it is better to use some reflecting agent which will throw a horizontal ray into the mouth at any time of the day. I have devised a

simple stand for this purpose, which I have found to work well. It consists of a base (which in my stand happens to be a discarded hub of a wheel, sawn through the middle). Into this fits a stem, which may be of pine, or cane pole, or oak (a rake handle in my case), about four feet in length. This stem is divided by two joints into three pieces. The second joint turns at a right angle with the first. The joints I have made in two ways, which have answered well, but can be improved. In the first way, the stem is sawn across square. It is then sawn in the direction of the axis at right angles with the square end—for two to three inches; the corresponding portion of the stem is similarly sawn. The square ends are bevelled off parallel to the longitudinal cut. A piece of tinned iron is then fitted into the longitudinal cuts and secured by two screws, one in each contiguous segment of the stem. This gives a very good joint, and it may be strengthened by a piece of tinned iron tube slipping down over the joint. The second joint is similarly made, only its plane of motion must be exactly at a right angle with the plane of motion of the first joint.

Another joint may be made in the same manner as that just described, by dispensing with the tinned iron connection and sawing off one half of the segmental ends at the bottom of the longitudinal cuts, in such a manner that the ends fit each other, and may be secured by a screw, which may be regulated by a screw-driver, and the stem set at any desired angle. A small mirror is mounted on tinned iron soldered to a wire parallel to the long diameter of the mirror. This wire is inserted loosely into a hole bored into the free end of the stem, in the direction of its axis. This allows the mirror to be turned about freely, and, with the assistance of the two joints, I never have failed in getting a ray of the sun into the mouth. As the earth moves, the ray of the sun travels soon out of range, when the examination is protracted. I have then employed a large mirror, and given it into the hands of an assistant to hold. This has done well.

*Artificial Light.*—This may be used direct; but it is usual to employ reflectors. These may be the ordinary perforated ophthalmoscopic reflector, or concave reflectors of polished metal, say an old daguerreotype plate. These may be attached to (a) spectacle frame, (b) a band of vulcanized rubber surrounding the head of the observer, bringing the reflector upon the forehead, (c) to a simple handle to be held in the hand.

It is not necessary to strain the eye by peering through the perforation in the ophthalmoscopic mirror when attached to a spectacle frame.

An important accessory is a lamp with which to warm the laryngoscope, so that the moisture of the breath may not be condensed upon the mirror and the view obscured, which will be the case when it is below the temperature of the expired breath. The



laryngoscope is held just above the flame, and then gently tested upon the cheek of the observer, to guard against burning the throat.

Two chairs are needed—they should be firm, strong, and that of the observer higher than the other. It is well to have a piece of chamois skin and napkins at hand to cleanse the mirror from mucus and saliva which will collect upon it. In auto-laryngoscopy, it is necessary to have a small mirror for the purpose of observation. This may be held in the hand or upon a stand, as Czermak did.

*Method of Employment.* (1) *Auto-laryngoscopy and Auto-rhinology.*

(a) *Direct Sun Light.*—Necessary articles—laryngoscope, hand mirror, lamp for heating. Stand in such a position that the sun will shine into the throat directly, and not shine into the eyes. Hold the tongue with the tip against the inside of the lower incisor teeth, depressing the longitudinal axis in the middle, and allowing the sides to rise close to the teeth. Warm the laryngoscope and test it upon the cheek, make the sound "ah" continuously with a tone which is represented by the letter F upon the upper line of the tenor and treble clef. Hold the hand mirror in the left hand, so as to command a view of the fauces. This is just above or just below the plane of the illuminating ray, taking care not to diaphragm off the ray from the throat. Hold the laryngoscope in the right hand, in the 6th position of the knife, or like a fiddle bow, having, of course, the back of the mirror directed towards yourself. Introduce the laryngoscope into the mouth so that the stem passes over the right molar tooth of the lower jaw, and the mirror comes under the uvula, or nearly against the posterior pharyngeal wall. The angle of the mirror which is attached to the stem may be turned to the right of the mouth or to the top of the mouth. A little patience and frequent trials, if the first does not succeed, will show you the epiglottis standing up straight, and seemingly at the back part of the throat, as the mirror reverses the position of things. You can see the white, glistening, inferior vocal cords, vibrating only a small segment of their length. If you can cease your sound and take a full breath, you can see, or we are told that you can see, the rings of the trachea, and perhaps the bifurcation of the primary bronchi. I have never recognized it yet. If you laugh, you see finely the superior vocal cords and the space between them. You see also the arytaenoid cartilages. It is interesting to watch the changes of the inferior vocal cords in singing the diatonic scale, and trace the analogy to the vibrations, as far as length is concerned, with that of the viol strings. But you have got tired before this, and if you don't gag you will do well.

(b) *Auto-laryngoscopy by indirect or reflected Sun Light.*—Necessary articles, the same as in (a), with the addition of the laryngoscopic stand. Place the wire of the reflecting mirror in the hole in the extremity of the stem of the laryngoscopic stand described above. Arrange a chair in a convenient place. Throw the light, by chang-

ing the angles of the stem of the laryngoscopic stand, till it strikes about a foot above the back of the chair. Take your seat, and generally the light will fall into the mouth. If it does not, alter either your position or that of the mirror till it does come right. Then hold the hand mirror, the laryngoscope previously warmed and tested as above directed, and work quick, for the sun's apparent motion will take the ray out of your mouth. The appearances will be as before described.

(c) *Auto-laryngoscopy by direct artificial light. Necessary articles.*—A good clean kerosene lamp, with a steady flame; laryngoscope; hand mirror. \* Place the lamp and yourself in such a position as to illuminate the throat. Use the same precautions as given above, and you will obtain a view, but not a good one.

(d) *Auto-laryngoscopy by reflected artificial light. Necessary articles.*—Kerosene lamp, laryngoscope, hand mirror, reflector. The lamp should be placed as in ophthalmoscopy by the side of the head, behind the eyes of the observer, seated in a chair. The light may be thrown in by an assistant sitting in front and holding the reflector in the hand; on the head, over the eyes, or on the forehead. Or the reflector may be placed upon a stand. The precautions and steps to be observed are the same as mentioned above.

The difficulties that attend auto-laryngoscopic investigations are, first, gagging; second, attempts to vomit; third, weeping; fourth, the tongue's getting in the way; and, fifth, a want of proper holding of the head and neck. All these difficulties vanish upon repeated trials; the throat gets educated to the presence of the foreign body and the unusual demand upon it. I can now easily put my fingers against the uvula and posterior pharyngeal wall and hold them there for some time with convenience, which at first was impossible.

(2) *Auto-rhinoscopy.*—The illumination should be direct or reflected sun light, or reflected artificial light. The sun light is the best. The necessary articles are a lamp for warming, a hand mirror, and the rhinoscope. The positions are the same as the positions in laryngoscopy. The rhinoscope is warmed and tested on the cheek. It is introduced over the first molar of the lower jaw, right side. The attached angle of the mirror plate to the stem is placed downwards and to the right, so that the upper edge of the mirror makes an angle with the posterior bony wall of the pharynx. Of course the hand mirror is held in the left hand. Dr. Semeleder employs a fixed mirror for observation instead of the hand mirror, and uses a sort of hook to elevate and draw away the soft palate. In my own case, I have obtained good views of the turbinated bones, the nasal passages and the orifices of the Eustachian tubes *without* the palatine hook. I find these nasal investigations more nauseating than the laryngoscopy. These self-explorations are so easily conducted that the enjoyment afforded is richly worth twice the trouble.

(3) *Laryngoscopy Objective.*—Here are found the chief difficulties in this department of physical exploration. Sometimes the patient does not comprehend the instructions, gags, persists in pushing the tongue up in the way, or so contracts the muscles of the throat as to annoy if not frustrate the operator. All cases are not alike. Some hold these organs with perfect ease. But patience, perseverance and practice make way with the most disheartening obstacles. My experience in objective laryngoscopy is not so large as in auto-laryngoscopy. I cannot therefore speak so freely, but will endeavor to give you the methods as I have practised them.

*The Illumination.*—(a) Reflected sun light; (b) reflected lamp light. The artificial light is most used. I have liked the mirror held in the sun light by the hands of an assistant who may be an attendant or friend of the patient. The necessary articles are the laryngoscope, the lamp for warming, the reflector, the illuminating agent, two chairs—one higher than the other, a spatula to depress the tongue, or a clean pocket-handkerchief to draw the tongue forward.

*Position of the Patient.*—When the reflected sun's ray is employed, he should be seated in the lower chair in such a manner that the light will shine directly into the throat. A horizontal ray is best. He should hold his head somewhat forward and place both hands upon his knees in front of him. He should be instructed to press his tongue against his incisor teeth, depressing the middle line of the organ. A full and easy respiration should be practised, and all the parts relaxed. He should make a continuous sound, "ah," at the tone of the letter D on the fourth line of the tenor clef; or if a female, at the tone of the letter F, upper line of the treble clef. The observer should be seated in the higher chair, in front, and a little to one side, so as not to cut off the ray of light. The laryngoscope, warmed and tested, should be held in the right hand in directly the reverse position of that employed in auto-laryngoscopy. It should be introduced over the first molar tooth of the lower jaw, and brought near and under the uvula and soft palate, and turned so as to command a view of the larynx; the attached angle of the mirror should be turned towards the left of the patient's mouth, or towards the roof. The observer may move his head or the mirror till he gets a fair view. Generally the circumvallate papillæ and the root of the tongue are most distinctly revealed first, as it is a very natural thing for the patient to draw back his tongue. If this difficulty cannot be remedied by the patient, the observer may depress and pull forward the "unruly member" with the tongue-depressor, or the patient may hold it himself. Another excellent mode which I saw practised by Dr. Semeleder of Vienna, was to embrace the end of the tongue with a clean napkin, drawing it out over the incisors and holding it down close to the chin. This may be done by the left hand of the operator, or the right hand of the

subject. When the observer is ambidextrous, of course the hands can be changed to suit convenience.

When reflected artificial light is employed, the patient should be placed as in ophthalmoscopy, with the light on a stand by the side of the head and behind the eyes of the patient. The flame of the lamp should stand at about the same level as the mouth of the patient. The observer then sits as just described, with his reflector upon his forehead, held by an elastic band embracing his head or mounted upon a spectacle frame. By moving the reflector or the head, a ray can be thrown directly into the throat and the laryngoscope introduced as just directed.

One may understand all these details and the principles of the investigation, and yet fail from causes connected with the subject. There may be nausea, gagging, vomiting, generally there are tears, and the patient may make some movement of which his excitement renders him unconscious, and yet which defeats the examination. To obviate these, it is necessary to educate the throat, as the dentists do when they meet with the same difficulties in taking a cast of the mouth. This is done by the introduction of some smooth, innocuous foreign body into the fauces, and accustoming the parts to the contact of them. The dentists use a ball of wax, fastened to a bundle of flexible wires. A more convenient thing, is the hand and fingers of the patient. But care and perseverance will accomplish all that is desired. Because one is frustrated in a few attempts, there is no reason for discouragement.

*Objective Rhinoscopy* differs only in the size of the instrument, and in that the mirror is turned up instead of down. The directions for the position of the observer, subject, and the apparatus of illumination, are the same as for Laryngoscopy. The palate may be held up by Semeleder's palatine hook.

*What may be seen by the Laryngoscope.*—There is hardly a more interesting and instructive sight, to any intelligent person, than the inside of the living larynx. How many interests are associated with the functions of this organ;—Respiration, Phonation, and Cantation. Physiologists and musicians have long been puzzled about the production of the voice in speaking or singing. Now the mysteries have been somewhat unravelled. When a fair view is obtained of the healthy living larynx *in situ* and in action, the epiglottis is seen first standing upright. It appears to be at the further side of the throat, as the parts are reversed by the mirror. Opposite stand the arytenoid cartilages. Between are the vocal cords, white, glistening, cartilaginous, the included aperture forming a vibrating chink of a length corresponding to the pitch of a sound made, which we suppose is that of the syllable "ah." The superior vocal cords appear passive, or rather hardly appear at all.

In order to see the ventricles of the larynx, the person whose organ is examined should laugh, or attempt to do so. This brings

out the superior cords nicely. Let a relaxed movement be made, as in yawning, and the glistening rings of the trachea are clearly perceived. I have not recognized the bifurcation of the trachea.

The movements of the internal parts of the larynx in the act of swallowing are interesting. Dr. Semeleder showed this to me. In the first place the inferior vocal cords close firmly together, forming step number one; next, the superior vocal cords close, forming step number two; lastly, the epiglottis covers the glottis, forming step number three. The several parts of this triple act are successive, distinct, and well defined. How admirable the wisdom and skill displayed by the Creator, in thus appointing a triple-valved sentinel to exclude foreign bodies from the delicate door-way of so vital an organ as the lungs.

In order to become familiar with the healthy color and appearance of the mucous membrane of the parts, one needs to make frequent acquaintance with his own and others' larynges. Only then can the morbid appearances, among which are excrescences and polypi—thickening or ulceration of the vocal edges—want of parallelism of the vocal edges in paralysis—diphtheritic and croupal deposits—ulceration of the epiglottis.

*What may be seen by the Rhinoscope.*—In the healthy nares you see the vomer, the turbinated bones, scrolled and covered with their mucous membrane (which, on cold winter mornings, I have observed to be of a deep purple color, like that of the injected wattles of a turkey cock), the orifices of the Eustachian tubes.

*The uses of the Laryngoscope* are physiological, diagnostical, operative and therapeutical. No one can now entertain a doubt that the larynx can be catheterized—therapeutical agents can be accurately applied to the diseased structures, laryngeal outgrowths can be removed by the laryngeal ecraseur, the diagnosis of the hitherto obscure affections mentioned above can now be made out, and the physiology of this most wonderful organ can now be more fully understood.

*The Rhinoscope* is useful in detecting syphilitic and other ulcerations of the nasal bones and posterior nares—nasal polypi, catarrh of the nares and of the Eustachian tube; the lachrymal and Eustachian ducts can be catheterized with precision. These are enough to render the instrument a boon to the physician.

The patients upon whom these means of exploration are practised are adults, although one London expert announces that children can be explored.

*The employment and manufacture of these Instruments are within the reach of every physician.* From the minute details given in the course of this paper, I hope that the making of the Laryngoscope is put within the reach of every physician at a very trifling expense. Broken fragments of looking-glasses can be found about every house; glaziers' diamonds are in every town; grindstones are on every

farm; tin workers are generally within reach; the sun shines everywhere; and perseverance, tact and ingenuity are traits of common cultivation. Let these instruments be adopted, not to supersede but to supplement the ordinary methods of exploration in these parts which are so often affected by disease, and which ordinary therapeutics fail to reach.

*Woburn, Nov. 18th, 1863.*

CLINICAL DATA RESPECTING AMAUROSIS, MORE ESPECIALLY  
RESPECTING THAT FORM OF IT SUPPOSED TO BE  
INDUCED BY TOBACCO.

BY JONATHAN HUTCHINSON, ESQ., F.R.C.S., ASSISTANT SURGEON TO THE ROYAL  
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THE author stated that his attention had been drawn to the question of the possible influence of smoking in causing amaurosis by some papers which had recently appeared in the medical journals. He had collected together all the cases of true cerebral amaurosis of which he had taken notes during the past four years; they did not comprise all that had come under his care, but most of the more interesting ones. The cases quoted were 65 in number, and were allotted to three groups:—First, cases in which both eyes were affected and the patients were adults (47); secondly, cases in which both eyes were affected and the patients were children (11); and, thirdly, cases of amaurosis of only one eye (7). The subjoined table will show the relative proportion of the two sexes in each group:—

Series I.—Symmetrical, and in Adults:—

	Males.	Females.
Cerebral amaurosis, uncomplicated (idiopathic)	37	3
Ditto, probably complicated or secondary . . .	3	4

Series II.—Symmetrical, and in Children:—

Cerebral amaurosis, uncomplicated (idiopathic)	3	7
Ditto, probably complicated or secondary . . .	0	1

Series III.—Unsymmetrical (all ages) . . . . .

3	4
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In this table, all the cases in which there was good reason to suspect that the amaurosis was secondary to other disease were considered as complicated; in the others (idiopathic) he had been unable, on careful inquiry, to discover any satisfactory explanation of the disease. It would be noted that a most remarkable difference in the relative proportion of the two sexes existed in the idiopathic class of the first series, and that this discrepancy was not found in the other groups. Mr. Hutchinson then proceeded to inquire as to how this great disproportion (37 men to 3 women) could be explained. The possible influence, 1st, of different occupations; 2d, of intemperance; 3d, of sexual irregularities; 4th, of venereal diseases; 5th, of injuries; and lastly, of tobacco, were severally exa-

mined. That occupation had not much to do with it seemed clear from the fact that the patients had followed most various callings; and as to syphilis and intemperance, to neither of these was the male sex exposed in sufficiently disproportionate degree to account for the very different numbers. In only 4 of the whole number of cases was there any history of injury to the head; and in 2 only of these could it be reasonably inferred that the injury had been the exciting cause of the disease. There remained then the possible influence of tobacco-smoking and of sexual excesses. The author stated strongly his conviction that the real explanation of the majority of cases of this form of amaurosis would be found in one or other of these two. Whether tobacco had any share, or whether all should be attributed to the former, he could not say. He wished to abstain for the present from any positive opinion, and simply begged to call attention to the clinical facts. It might possibly prove that, after all, this disproportion in the sexes was a mere coincidence, and that a larger collection of cases would show it to be such.

Amongst the conclusions obtained by analysis of the series of cases, the following are the more important:—In 23 of the 37 cases, it was recorded that the patients had smoked; whilst in 2 it was expressly stated that they had never done so; and in 12 there was no information. In 10 the patients had been intemperate. In only 2 could it be ascertained that the patients had had constitutional syphilis. In 4 instances the sufferers attributed their disease to anxiety. The disease had progressed to absolute blindness in 15 instances; in 5 it appeared to have been arrested; and in most of the others it was either progressive at the last date of notes, or the patient had ceased to attend.

With regard to the probability of sexual excesses having anything to do with the causation of the disease in question, the author stated that in not a few he had obtained the history of failure of sexual power. He had also found that varicocele was a frequent concomitant of this form of amaurosis. Still, on the other hand, in many instances the patients were healthy, robust men, who ailed nothing whatever excepting the loss of sight. In no single instance in the series was there any strong reason for attributing the disease to masturbation. Even if it were proved that varicocele, wasted testes, and loss of generative function were usual concomitants of this form of amaurosis in the male, still the tobacco hypothesis would not be wholly set aside, since the two classes of symptoms might both be due to one common cause. It was remarkable that in almost all the few cases in which the disease occurred idiopathically in females, there was the history of very decided disturbance of menstruation.

Although he felt that there were great difficulties in the way of belief in the tobacco hypothesis—such, for instance, that many of



those affected had smoked only quite moderately; that many had smoked for a long series of years before the amaurosis supervened; that thousands and thousands smoked to great excess without ever suffering from amaurosis; that it was not easy to understand how the tobacco poison could act on one single nervous ganglion alone, the other parts of the nervous system escaping—still, the author added, he thought there was enough of suspicion in the clinical facts to make it the duty of ophthalmic surgeons to insist on the disuse of tobacco in all cases in which the premonitory symptoms of this disease were presented. The subject was one well worthy of prolonged investigation, and no doubt it would soon be set at rest one way or the other.

In concluding his paper Mr. Hutchinson begged to note the following desiderata:—

1. A much more extended series of cases.
2. More detailed information as to the use of tobacco by those affected by this form of amaurosis.
3. Information as to whether there may not be a considerable proportion of men afflicted by it who have never used tobacco.
4. Information as to the co-existence or otherwise of varicocele with this form of amaurosis.
5. Information as to whether it ever occurs in women who have smoked. In some countries where smoking is more common amongst women than it is here, valuable information on this head might be obtained.

6. Better knowledge as to whether the course of the disease can in any considerable number of cases be suspended—1st, by making the patient give up smoking; or, 2d, by regulation of sexual habits.

*London Lancet.*

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BOSTON: THURSDAY, DECEMBER 17, 1863.

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AMBULANCE CORPS OF THE ARMY OF THE POTOMAC.—A friend has placed in our hands a copy of General Order No. 85, dated August 24th, 1863, containing "revised regulations for the organization of the Ambulance Corps and the management of the Ambulance Trains." We should be very glad, did space permit, to publish the order entire, but we must be content with giving merely a synopsis.

The first regulation provides that the Army Corps shall be the unit of organization for the ambulance corps, and the latter will be organized upon the basis of Captain as the commandant of the corps, one 1st Lieutenant for each division, one 2nd Lieutenant for each Brigade, one Sergeant for each regiment.

2. The privates of this corps will consist of two men and one driver to each ambulance, and one driver to each medicine wagon.

3. The two-horse ambulances only will be used, and the allowance, until further orders, to each corps, will be upon the basis of three to each regiment of infantry, two to each regiment of cavalry, one to each battery of artillery, to which it will be permanently attached, and two to the Head Quarters of each Army Corps, and two army wagons to each Division. Each ambulance will be provided with two Stretchers.

Regulation No. 4 prescribes minutely the duties of the Captain commandant; providing for the preservation of all the property entrusted to his care; the ordering and disciplining of the men under him; their careful training in the best methods of handling and transporting the sick and wounded; the efficient condition of the ambulances and all their appurtenances at all times; the proper distribution of the ambulances previous to and in time of action; the prompt and careful removal of the wounded from the field of battle to the point previously determined by the Medical Director of the Army Corps; a full report of his operations after every battle; the careful removal of the sick to general hospital or any point as may be ordered; a frequent, minute, and careful inspection of everything pertaining to the ambulance corps; and finally a weekly report, to be forwarded to the Medical Director of the Army.

Regulations 5, 6 and 7, prescribe in a similar manner with great minuteness the respective duties of the 1st Lieutenant, 2nd Lieutenant, and Sergeant attached to this corps.

Regulation 8 provides that two Medical Officers and two Hospital Stewards shall be detailed, daily, to accompany the ambulances when on the march, for the care of the sick and wounded conveyed in them, and lays down very stringent rules with regard to the care of these vehicles; prescribes exactly the position of the various officers and men belonging to the corps, and the medicine and other wagons attached to it.

Regulation 9 lays down very carefully the various duties of the officers of the ambulance corps while in camp, for the proper care of all the animals and vehicles of the corps and their exclusive application to the purpose for which they are intended.

Regulation 12 says that no person except the proper Medical Officers, or the officers, non-commissioned officers and privates of this corps, will be permitted to take or accompany sick or wounded men to the rear, either on the march or upon the field of battle.

13. No officer or man will be selected for this service except those who are active and efficient, and they will be detailed and relieved by Corps Commanders only.

So far as we are capable of judging, this Order strikes us as most excellent and all that could be desired for the effectual care of the sick and wounded of the army of the Potomac. It is worthy of notice, however, that this complete organization of the ambulance corps bears date so recently as August 24th, 1863; more than six weeks after the battle of Gettysburg, at which time, in the opinion of some, the arrangements of this department were the most perfect the world ever saw—and more than two years after the organization of this army itself. Surely this is only confirmation of what has been so strenuously claimed by the friends of that army, that such an organization has been very much needed. The order as it stands is by command

of General Meade, and it cannot be doubted its provisions will be carried out as fully as possible. Still it rests upon his authority only, and may be rescinded at any moment by himself or a successor in command. We have no means of knowing how complete provision has been made in the Western and Southern armies for the same purpose. It is very clear therefore to our minds, that so important a matter should be fixed by public law, and not left to the single authority of any man. We are not sticklers for any special arrangements in a general ambulance system, but what we do want to see is such a system made permanent and binding on our Generals by Act of Congress.

**DR. RAY ON MENTAL HYGIENE.**—Resuming our notice of Dr. Ray's admirable book, we come to the second chapter, which treats of the influence of physical agents. In this chapter, the importance of a due regard to the condition of the air we breathe, a proper amount of bodily exercise, a judicious diet, the question of the good or ill effect of stimulants, the needful amount of sleep and of mental labor requisite for the health of the mind, are treated quite fully, and in a manner calculated to arrest general attention. The whole chapter is so interesting that we hardly know where to make extracts. Space does not permit our copying as we should like to do from our author's very interesting observations on the insidious and too often unappreciated influence which vitiated air is constantly exercising upon a large class in the community. The following passage contains undoubted truth with regard to the general atmospheric influence prevailing in our portion of North America.

"The remarkable nervous excitability of our own people, indicated by restlessness, impulsiveness, impetuous and boisterous movement, probably arises from some quality of our climate. Certainly, there can be no doubt respecting the trait itself. From early childhood to mature decline, it is ever apparent, whether in the noise and rattle of the one, or the ardent, eager, insatiable spirit of the other. It is strikingly manifested in the insanity of this country, as compared with that of others. The most superficial observer does not fail to notice it in passing through the galleries of American and European hospitals for the insane. In the former, especially those of the Northern and Eastern States, more excitement will meet his notice in a single visit, than he will see in the latter, particularly the English, in a whole week or month. And yet this excitability is but little less apparent in the Germans, Irish, and English, who abound in our hospitals, than in the native Americans. Such facts should be duly considered by nervous invalids in deciding upon a change of climate, in order that the step may meet the requirements of their case."

In the following extract our author calls attention to a too common error at the present day, in the over-exercise of the mental faculties.

"The efficiency of the mind as a working power, will be affected, in a very great degree, by the stint of mental exercise to which it is subjected. A fruitful source of mental impairment is the prevalent mistake of supposing that the brain possesses a power of exertion and endurance unlimited by any other law than our own free will and pleasure. Here we disregard those laws of health which we respect in the exercise of other organs; and many a man who would shrink from the folly of habitually cramming his stomach with food, or of changing his dress incautiously, will work his brain every day beyond the point of fatigue; not even manifesting the prudence with which he would use the most common machine subject to the wear and tear resulting from friction and decay. In every department of mental exertion, we witness this serious mistake. The lawyer, the doctor,

the minister, the scholar, the merchant, the mechanic, all apparently act on the presumption that their brains are made of iron, which no conceivable amount of use can weaken or derange. In many of them, the brain is kept in a state of incessant activity, often of the most wearing description, during the greater part of the day. As a consequence of such habits, it is not strange that every description of mental infirmity should have increased among us of late, to an extent that has no parallel in former times. In the prime of life, in the midst of usefulness, men rapidly break down, and, after hovering around their customary haunts for a brief period, disappear forever. By insanity, paralysis, and other organic lesions, brains are now "used up," in the popular phrase, with a frequency that is full of instruction, if we would but heed it. Paralytic affections, which once were comparatively rare, and attributable in great part to hereditary predisposition or sensual indulgences, now occur in multitudes who seemed to be enjoying good health and had always been regular and temperate in all their ways. Indeed, were we to indicate that feature in the medical constitution of our times, which distinguishes it from all others, it would be our large proportion of cerebral affections."

Subsequently Dr. Ray answers the question, what is the proper measure of a day's work for the mind, as follows.

"How much a man may use his brain without endangering its health, is a question that admits of no definite answer, because it depends very much on the original stamina of the individual, and the intensity of his application. While it is easy, oftentimes, to see that this or that person is overtasking his powers, it is impossible to lay down any general rule on the subject that would not require too much of some and too little of others. In youth and early manhood, especially if the constitution is deficient in vigor, there would be danger from a degree of application, that might be safe enough at a later period, when the brain has become hardened by age and regular labor. So, too, habits of active physical exercise will enable a man to accomplish an amount of intellectual labor that would utterly break down one of sedentary habits. After making all due allowance for these differences, I think we may say, that few can exceed six hours a day of close mental application, without seriously endangering the health of the brain, while for most persons a not unreasonable degree of prudence would prescribe a much shorter period. It would not be easy to adduce many instances of persons who, for some length of time, had devoted more than six hours a day to pursuits requiring the exercise of the higher intellectual faculties, without impairing their powers, and failing to accomplish any results corresponding to the magnitude of their efforts. We hear, indeed, of persons studying ten or twelve hours in the day, but, with an occasional exception, it may well be doubted whether more would not be actually accomplished within shorter limits. In most persons, long before this period is finished, the process of thinking goes on heavily, the mind loses its power of original conception; and the result of its labors, while in this jaded condition, lacking the vigor and brilliancy of a fresh effort, is said to smell of the lamp."

Our author's remarks on the system of study now pursued in our schools are most excellent, and deserve the careful consideration of every parent. Some of the instances of task-work which he quotes from the course of study pursued in schools within his own knowledge, are truly appalling, particularly when he gives it as his deliberate opinion that

"Among these remoter agencies in the production of mental disease, I doubt if any one, except hereditary defects, is more common, at the present time, than excessive application of the mind when young. The immediate mischief may have seemed slight, or have readily disappeared after a total separation from books and studies, aided, perhaps, by change of scene; but the brain is left in a condition of peculiar impressibility which renders it morbidly sensitive to every adverse influence."

Our author attaches great importance to the proper exercise of all the faculties as a means of preserving the mental health. One-sidedness, which is a besetting fault of the times, he deprecates most heartily, and advocates a wise, general culture as the safest and happiest course. He thus pointedly tells the truth of one of the common errors growing out of the neglect of this wise principle.

"One of the most prolific sources of mental inefficiency in this our day and generation, is the undue cultivation of that power which, under one name or another, is chiefly occupied with conceptions of the beautiful, the exquisite, and whatever else is calculated to please the taste, excite emotion, or gratify and charm the fancy. No form of intellectual activity is so common as this. Under all degrees of refinement,—in sage or savage, idolator or saint, child or man,—it is equally obvious, varying only in the objects to which it is applied. In all, it relieves the hard, dull monotony of real life with inexhaustible sources of excitement and recreation. In youth and health and innocence, it gilds the future with the warmest tints of joy and hope, and invests every scene that it creates with a charm peculiarly its own. In disease its normal functions may be so disturbed that the conceptions become cheerless and painful beyond the experience of reality, and are bodied forth with a distinctness more vivid and terrible than any mere object of sense could present. In youth, especially, is this faculty active; and one of the crying faults of the education of our times is that it encourages its exercise to a degree incompatible with the claims of the other faculties. The license of youth is seldom corrected by the wisdom of riper years, and the whole mental history of the individual betrays the influence of this single fault. It begets a distaste for exact knowledge, for that is the fruit of laborious study; it indisposes the mind to habits of continuous thought, and quenches all thirst for intellectual excellence. The pleasures of the imagination are always accessible, and they can be enjoyed with little of that preparation which is needed in the case of other intellectual pleasures. This would be bad enough did the evil stop here, but it extends much farther. It actually incapacitates the individual for those intellectual efforts that are required for the great purposes of life, and circumscribes the sphere in which he can move with any degree of credit to himself or good to others. An imagination thus indulged, and feeling none of those checks and balances which the cultivation of other faculties would afford, easily wanders into devious paths that lead at last to helpless and hopeless derangement. Life becomes a dream, and that dream needs only favoring circumstances to be converted into delusion. I think it may be stated as one of the results of modern observation, that the man who enters upon life with no habits of serious and connected thought, with no taste for investigating the causes and effects of the countless phenomena passing around him, with no practical object clearly set before him and worthy the pursuit of a rational creature, whose joys and sorrows, whose principles and motives, whose ends and aims, are fashioned by the plastic touch of his own busy imagination, cannot promise himself exemption from mental disease, if at all predisposed thereto."

Again he inculcates a general cultivation of the mental faculties as follows:—

"A partial cultivation of the mental faculties is incompatible, not only with the highest order of thought, but with the highest degree of health and efficiency. The results of professional experience fairly warrant the statement, that in persons of a high grade of intellectual endowment and cultivation, other things being equal, the force of moral shocks is more easily broken, tedious and harassing exercises of particular powers more safely borne, than in those of an opposite description; and disease, when it comes, is more readily controlled and cured. The kind of management which consists in awakening a new order of emotions, in exciting new trains of thought, in turning attention to some new matter of study or speculation, must be far less efficacious, because less applicable, in one whose mind has always had a limited range, than in one of larger resources and capacities. In endeavoring to restore the disordered mind of the clothopper, who

has scarcely an idea beyond that of his manual employment, the great difficulty is to find some available point from which conservative influences may be projected. He dislikes reading, he never learned amusements, he feels no interest in the affairs of the world, and unless the circumstances allow of some kind of bodily labor, his mind must remain in a state of solitary isolation, brooding over its morbid fancies, and utterly incompetent to initiate any recuperative movement."

Passing over what is said on the all-important subject of the passions, from which we would gladly quote if we could, we come to the following interesting passages on mental habits.

"The working of the mind is governed by the same laws in health as in disease, and no one much accustomed to observe it in himself or others, can have failed to witness the influence of habit even in those exercises which seem most independent of it. In speaking and writing, for instance, the thoughts follow one another, automatically, in a great degree, without any conscious effort of the thinking power. A man sits down at his table, with only the most imperfect conception of what he shall write, but thought after thought leaps forth, clothed in appropriate words, and the result is something which instructs and delights the world. A public speaker rises in his place, with only some general outline of what he intends to say, but the tongue is directed by an unceasing force, the right thing is said in the right place, and not only do arguments and images arise, almost unbidden, but while uttering the beginning of a sentence, the mind looks forward and conceives and arranges the next. Now, without pretending to furnish a complete explanation of these mental processes, it can hardly be questioned that this rapidity of movement is in a great degree one of the results of habit. Therefore, to derive the utmost amount of benefit from this law of our nature, care should be taken that our mental habits be rightly ordered. If they are regular and systematic, suited to the taste and abilities, and characterized by some activity and effort, they will impart to the exercises of the mind that ease and readiness of performance in which their efficiency so much consists. If, on the other hand, they are desultory and fitful, governed only by whim or caprice, and involving only the lower faculties, they make none of those permanent furrows, if I may use the figure, which guide and facilitate the courses of thought.

"The force of habit is no less powerful in perpetuating moral and intellectual peculiarities, and the fact should always be borne in mind by those who are entrusted with the care of the young. Upon them it may depend, whether an objectionable trait of character shall be eradicated by timely attention, or firmly established and thus become, at last, a prolific source of unhappiness, if not overt disease. The manner in which the latter result is brought about is well described in the following paragraph: 'Some are led to begin this course of error by distinct and well-marked tastes for it. In others, a feeling is accidentally excited; it may be very slight at first, but by repetition it gains strength, and ultimately becomes powerful. This is remarkably manifested in the caprices and perversities. The mind capriciously determines to be pleased with a small point, and through this sees all the rest. This prepossession compels the perceptive faculties to present the acceptable trait first to the mind, and put it in good humor to see those associated with it, and then it looks upon them, at last, with toleration. By repetition, the toleration becomes satisfaction, and approbation follows after. At last, the whole mind is brought under the power of the caprice; then opinions are formed, and a course of conduct pursued, from which the reason at first would have shrunk; but, being disarmed and made the servant of passion or caprice, it goes to strengthen the error and overthrow the judgment.'" — (Dr. E. JARVIS, in *American Journal of Education*.)

Our author gives the following sensible passages on mental recreation.

"Persons whose habitual employment requires considerable mental activity during several hours of the day, will best obtain the recreation they need by some kind of mental exercise which, without being fatiguing, requires just enough of effort to impart a degree of interest and satisfaction to the result. They need, not

so much absolute quietude, as a change of subject which calls into action a different order of faculties from those which have already been fatigued. A man's special pursuits are generally a matter of toil and taskwork, from which he gladly turns to something that appeals to his taste or fancy rather than to his needs. True, it may still be the higher faculties that are thus employed, but instead of the same daily routine, the employment is constantly suggesting new thoughts and new scenes, and being pursued at will, without restriction or limitation, the interest is steadily maintained. It is well to have some pet employment for one's leisure hours, with sufficient dignity to redeem it from the charge of frivolity and add a zest to the gratification it affords. The merchant who retires to his farm, and dismisses all thought of traffic while pruning his trees or discussing the qualities of his stock; the lawyer or doctor who relieves his professional toils by investigating some favorite subject remote from the ordinary sphere of his labors; the merchant's clerk, who, when the work of the day is finished, gladly turns to his book of history or biography; the mechanic or farmer who always finds an opportunity for learning the events of the time, or adding, in some way, to his stock of ideas—obtain a more durable gratification, and do more to repair the wear and tear produced by their more arduous occupations, than they would by devouring heaps of novels, or resorting to scenes of amusement."

We finish these extracts with one which is full of truth concerning our own people.

"Another prolific source of mental impairment among us is our ardent and impulsive temperament. I know not if the fact is to be attributed to atmospherical conditions, to nervous idiosyncrasies, or to national manners; but the fact itself is unquestionable, that, from the cradle to the grave, we are ever in haste. Whatever we do must be done in a hurry. Whether we eat or sleep, work or play, talk, write, or think, it must be accomplished under a pressure of excitement. Nothing in the whole range of our concerns seems to exhibit any exception to this principle. Whether it be a funeral or a wedding, a religious or political enterprise, in every form of business or pleasure, in every manifestation of joy or sorrow, in every plan for accomplishing good to ourselves or our race, the constant thought is how to obtain the maximum result in the shortest possible time. A few months or years seem to be sufficient for any conceivable purpose, and we regard with wonder, if not contempt, the steady perseverance that devotes a lifetime to any object whatever. Of all the qualities which a person or thing can possess, the highest in our estimation is speed. Not how well, but how quick, is our test of merit and measure of regard. The old-fashioned virtues, strength, stability, firmness, are rather respected than admired. The popular plaudits are bestowed upon whatever implies rapidity of conception or of performance; and the national reputation is supposed to be involved, not more in the punctuality with which we meet our pecuniary obligations, or our fidelity in executing the terms of a treaty, than in the feats of our fast horses, fast ships, and fast men. Unquestionably, this trait in our national character tends to precipitate the vital movements of the brain, and consequently to consume its energies faster than they can be supplied. Difficulties and disappointments which are especially incident to hasty and impetuous enterprise, frequently occurring, prematurely rob the mind of its elasticity, and prepare it for early decay. To suppose that the highest possible degree of nervous tension can be maintained for many years without impairing the efficiency of the brain, is simply to ignore the established principles of physiology. What the American brain wants, above all things else, is, as they say of machinery, a steadier movement. The quality of character in which we are peculiarly deficient is that moderation which springs, not from indolence or apathy, but from well-grounded self-confidence and unwavering self-possession."

The remaining portions of this interesting book, on Mental Hygiene as affected by the practices of the times and by the tendencies to disease, we must dismiss without special notice. We have copied freely from our author's pages, believing that the subjects of which he treats so well are not sufficiently considered by our people, and with the



hope that this little book may do something to avert the fearful consequences of the almost universal neglect of the laws of Mental Hygiene. It ought to be in every house in the land.

**BERKSHIRE MEDICAL COLLEGE COMMENCEMENT.**—The Annual Commencement of Berkshire Medical College occurred on Tuesday, the 24th of last month, and was an occasion of much interest. The following gentlemen received the degree of Doctor of Medicine, and read the theses the titles of which are printed opposite their names.

Kirk H. Bancroft, Lowell, *Pneumonia*.

Maurice K. Bennett, Burlington, Ct., *Gonorrhoea*.

Charles F. Couch, Pittsfield, *Etiology*.

A. P. Folsom, Oldtown, Me., *Exercise*.

V. H. Gaskill, Pancoast-borough, Ohio, *Physiology of Circulation*.

Wm. H. Graves, New Milford, Ct., *Death*.

Wm. H. Gray, Acton, *Scorbutus*.

E. W. Loveland, South Hartford, N. Y., *Importance of a Correct Diagnosis*.

J. F. Niver, Cedar Hill, N. Y., *Fractures*.

C. A. Osborn, Oneida Lake, N. Y., *Puerperal Fever*.

Ralph Sherwood, Fairfield, Vt., *Intra Capsular Fracture of Cervix Femoris*.

David Stephens, Addison, N. Y., *Shock*.

R. S. Turner, Morristown, N. Y., *The Human Skin*.

Frank Whitman, Bernardston, *Coxalgia*.

J. J. Woodbury, North Dana, *Dyspepsia*.

J. K. Draper, U. S. Army, *Quinia*.

The venerable H. H. Childs, President of the Institution, addressed the graduating class with much feeling, complimenting them highly upon their proficiency. The usual Commencement address was made by Dr. Pliny Earle, Professor of Materia Medica, Hygiene and Psychological Medicine. At the close of the public exercises, the usual annual dinner was given to the graduating class and invited guests at the Berkshire Hotel, and was an occasion of much social enjoyment.

The following is a list of the Faculty of the Institution as at present constituted:—Henry H. Childs, M.D., President; William Warren Greene, M.D., Dean; Henry H. Childs, M.D., Emeritus Professor of the Theory and Practice of Medicine; Timothy Childs, M.D., Prof. of Military Surgery; Corydon L. Ford, M.D., Prof. of Anatomy and Physiology; William P. Seymour, M.D., Prof. of Obstetrics and Diseases of Women and Children; Wm. Warren Greene, M.D., Prof. of Principles and Practice of Surgery and Clinical Surgery; Paul A. Chadbourne, M.D., Prof. of Chemistry and Natural History; Alonzo B. Palmer, M.D., Prof. of Pathology and Practice of Medicine; Pliny Earle, M.D., Prof. of Materia Medica, Hygiene and Psychological Medicine. E. B. Lyon, M.D., Demonstrator of Anatomy and Professor of Surgery; A. J. Bigelow, Professor of the Prof. of Military Surgery; Edward H. Sexton, A.M., Clerk of Clinique.

**HEALTH OF PROVIDENCE, R. I.**—Dr. Snow's Report of deaths for the month of November, shows the mortality of the city to have been somewhat above the average of the same month in former years. The whole number was 86, more than half of which were of persons above

30 years of age, one having reached the age of 103, and less than 20 per cent. being under 5 years. The mortality thus far, for the year, has exceeded by 165 that for the whole of last year. Diphtheria and fever caused but few of the deaths, and scarlatina none, in November.

The following are the various Medical Directors to whom applications for artificial limbs, from soldiers, should be made:—New York city, Surgeon C. McDougall, U. S. A.; Philadelphia, Pa., J. Campbell, U. S. A.; Baltimore, Md., Jos. Simpson, U. S. A.; Washington, D. C., R. O. Abbot, U. S. A.; Cincinnati, Ohio, W. S. King, U. S. A.; St. Louis, Mo., M. Mills, U. S. A.; New Orleans, La., R. H. Alexander, U. S. A.; Louisville, Ky., G. G. Shumard, U. S. A.

**TRIAL OF WOORARA IN TETANUS.**—Dr. Schuh, of Vienna, had recently under his care a man of twenty-six, whose hand had been shattered by the bursting of a gun. The lacerated wound gave rise to tetanus, and this serious complication was combated by subcutaneous injections with a solution of one grain of woorara in 140 drops of spirit, the quantity of the injected fluid being gradually increased. Some alleviation was obtained after about three grains had been used, but the patient died ten days after the accident.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 12th, 1863.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	41	58	99
Ave. mortality of corresponding weeks for ten years, 1853—1863,	32.9	36.6	69.5
Average corrected to increased population	00	00	76.09
Death of persons above 90	0	1	1

##### Mortality from Prevaling Diseases.

Phthisis.	Croup.	Scar.Fev.	Pneumon.	Variola.	Dysentery.	Typ.Fever.	Chol.Infan.
14	10	4	8	0	1	3	0

**NOTICE.**—Receipts for money received by mail are forwarded to subscribers in the first number of the JOURNAL issued thereafter. On failure of finding such receipt, subscribers are requested to notify the Publisher immediately.

**PAMPHLETS RECEIVED.**—Transactions of the Eighteenth Annual Meeting of the Ohio State Medical Society, held at Ohio White Sulphur Springs, June, 1863.

**MARRIED.**—At Abington, Dec. 2d, Luther M. Lee, M.D., of Randolph, to Miss Mary W. Whitmarsh, of Abington.

**DIED.**—In Waltham, Dr. Ebenezer Hobbs, 69 years.

**DEATHS IN BOSTON** for the week ending Saturday noon, Dec. 12th, 99. Males, 41—Females, 58.—Accident, 1—apoplexy, 2—Inflammation of the bowels, 1—disease of the brain, 1—bronchitis, 3—burns, 2—consumption, 14—convulsions, 4—croup, 10—diphtheria, 3—dropsy, 5—dropsy of the brain, 2—dysentery, 1—erysipelas, 1—exhaustion, 1—scarlet fever, 4—typhoid fever, 3—gangrene, 1—gastritis, 2—disease of the heart, 3—hernia (strangulated), 1—infantile disease, 3—intemperance, 1—laryngitis, 2—Inflammation of the lungs, 8—marasmus, 3—metritis, 1—old age, 3—paralysis, 3—rheumatism, 1—scrofala, 1—disease of the spine, 1—syphilis, 1—Inflammation of the throat, 1—unknown, 5.

Under 5 years of age, 40—between 5 and 20 years, 12—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 19. Born in the United States, 64—Ireland, 21—other places, 11.